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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

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|-----------------------------------|------------------|-------------------|-------------------|-------------------|---------------|------|
| APPLICATIO:                       | スプログロの下          | :                 |                   |                   |               |      |
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| ពី អនុវិទីដែរការ <u>១</u> ២៤      | 111 111          | <u>4</u> 7 :      | 27                |                   | 486.          |      |
| lo irgindən Çlumi xi              | 2017             | 9                 | 6.                |                   | 46 8.         | ,    |
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| បីមេដោយខ្លួន                      | 207214           |                   |                   | <del></del>       | 130           |      |
| English Trumblanda                | 144              |                   |                   |                   | ( <del></del> |      |
| TOTAL FEE CALCULA                 | <u> 7000</u>     |                   |                   |                   |               |      |
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| Cess Filling Fees Submi           | ಗಾರ - S <u> </u> | ( - 5             | 1.1               |                   |               | -    |
| EALANCE DUE                       | = 5              | / 1%              |                   |                   |               |      |
| /                                 | up               |                   |                   |                   |               |      |
| Office of Initial Patent E        | xamination       | <del></del>       |                   |                   |               |      |

Ligure 7

FORM OFFE-RAM-OF (Rev. 12/97)

33 38 45 46 47 -

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                                      |   | SMALL ENTITY TYPE - 0                  |                     | OR                     | OTHER THAN |                         |                        |
|--|---|---|--------------------------------------|---|--|---------------------|------------------------|------------|-------------------------|------------------------|
| FOR NUMBER FILED   |   |   | NUMBER EXTRA                         |   | FEE                                    | <b>7</b>            | RATE                   | FEE        |                         |                        |
| BASIC FEE  |   |   |                                      |   |  |                     | OR                     |            | 690.00                  |                        |
| TOTAL CLAIMS 4 7 minus 20= *   |   |   |                                      | 31 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -     | X\$ 9=                                 |                     | OR                     | X\$18=     | 406                     |                        |
| INDEPENDENT CLAIMS 9 minus 3 = *   |   |   |                                      |   |  | X39=                |                        | 1 .        | ∙X78=                   | 1 1 C                  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                                      |   |  |                     |                        | OR         |                         | 468                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                                      |   |  | +130≃<br>TOTAL      |                        | OR         | +260=                   |                        |
|  |   |   |                                      |   |  |                     |                        | OR         | TOTAL                   | 164                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |   |   |                                      |   | SMALL                                  | SMALL ENTITY OR     |                        |            | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN  |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NDIN   | Total                                     | *   | Minus                                | **  | =                                      | X\$ 9=              |                        | OR         | X\$18=                  |                        |
| AME  | Independent                               | *   | Minus                                | ***   | ]=                                     | X39=                |                        | OR         | X78=                    |                        |
|  | FIRST PRESE                               | N I A I I ON OF                           | MULTIPLE DEI                         | PENDENT CLAIM                               | 1                                      | +130=               |                        | OR         | +260=                   |                        |
|  |   |   |                                      |   |  | TOTAL               |                        |            | TOTAL                   |                        |
|  |   | (Column 1)                                |                                      | (Column 2)                                  | (Column 3)                             | ADDIT. FEE          |                        | <b>]</b>   | ADDIT. FEE              |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NO.  | Total                                     | •   | Minus                                | **  | =                                      | X\$ 9=              |                        | OR         | X\$18=                  |                        |
| AME  | Independent                               | NTATION OF I                              | Minus                                | PENDENT CLAIM                               | =                                      | X39=                |                        | OR         | X78=                    |                        |
| *  | THOTTHESE                                 | MANONO                                    |                                      | -ENDENT CLAIV                               |  | +130=               |                        | OR         | +260=                   |                        |
|  |   |   |                                      |   |  | TOTAL<br>ADDIT. FEE |                        | OR ,       | TOTAL<br>ADDIT. FEE     |                        |
|  |   | (Column 1)                                |                                      | (Column 2)                                  | (Column 3)                             |                     | · .                    | ,          |                         |                        |
| MENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total                                     | *   | Minus                                | **  | =                                      | X\$ 9=              |                        | OR         | X\$18=                  |                        |
|  | Independent                               | •   | Minus                                | ***   | 1 -                                    | X39=                |                        |            | X78=                    |                        |
|  | FIRST PRESE                               | NTATION OF I                              | MULTIPLE DEF                         | PENDENT CLAIM                               |  |                     |                        | OR         |                         |                        |
| ٠,   | f the entry in colur                      | nn 1 is less than                         | the entry in colu                    | mn 2, write "0" in co                       | olumo 3                                | +130=               |                        | OR         | +260=                   |                        |
| •••  | f the "Highest Nur<br>If the "Highest Nur | mber Previously<br>mber Previously        | Paid For" IN THI<br>Paid For" IN THI | S SPACE is less tha<br>S SPACE is less tha  | an 20, enter "20."<br>an 3. enter "3." | TOTAL<br>ADDIT. FEE |                        |            | TOTAL<br>ADDIT, FEE     |                        |
|  | The "Highest Num                          | ber Previously F                          | 'aid For" (Total or                  | Independent) is the                         | e highest number                       | found in the app    | ropriate box           | in colu    | umn 1.                  |                        |